



REQUEST BY A PERSON OR ORGANIZATION FOR A SEARCH OF THE STATE CENTRAL REGISTRY

State Form 49214 (R2 / 9-05) / CW 0005

In compliance with IC 31-33-17-6, the information provided upon completion of this form must be treated as a **CONFIDENTIAL RECORD**.

* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is **voluntary** and you will not be penalized for refusal.

I hereby request that a search be made of the State Central Registry for the name of the following person:		
Name of subject of search		
Date of birth (<i>month, day, year</i>)	Social Security number *	Other names used
Address of subject of search (<i>number and street, city, state, ZIP code</i>)		
Name of person making request		
Address of person making request (<i>number and street, city, state, ZIP code</i>)		
Signature of person making request		Date (<i>month, day, year</i>)

CONSENT TO RELEASE INFORMATION

I, _____, give permission for _____ to provide my date of birth and (<i>Name of subject of search</i>) (<i>Name of person making request</i>) Social Security number for purposes of a search of the State Central Registry in connection with my application for employment.	
Signature of subject of search	Date (<i>month, day, year</i>)

RELEASE OF SCR INFORMATION

This is to verify that a search has been made for _____ in the (<i>Name of subject of search</i>) State Central Registry, and the following has been found: The above-named person _____ been found listed in the State Central (<i>has, has not</i>) Registry as a person with a conviction arising out of a report of child abuse or neglect.	
Name / title of person conducting search	
Signature of person conducting search	Date (<i>month, day, year</i>)
Name of county	
Local DCS Office	